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Bib Data Sheet

CONFIRMATION NO. 4250

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/858,426 | <b>FILING DATE</b><br>05/16/2001<br><b>RULE</b> | <b>CLASS</b><br>707 | <b>GROUP ART UNIT</b><br>2171 | <b>ATTORNEY DOCKET NO.</b><br>048487-9050-00 |
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**\*\* CONTINUING DATA \*\*\*\*\***

*Yes 9/11*  
This application is a CON of PCT/GB99/00788 03/16/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*Yes 8/11*  
UNITED KINGDOM GB 9825102.8 11/16/1998

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 07/17/2001

|   |                                    |                         |                       |                            |
|---|------------------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS<br>DRAWING<br>38 | TOTAL<br>CLAIMS<br>21 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                         |                       |                            |
| Verified and Acknowledged<br><i>dl</i><br>Examiner's Signature  | <i>dl</i><br>Initials              |                         |                       |                            |

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**TITLE**

Method and structure for reducing search times

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| <b>FILING FEE RECEIVED</b><br>469 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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